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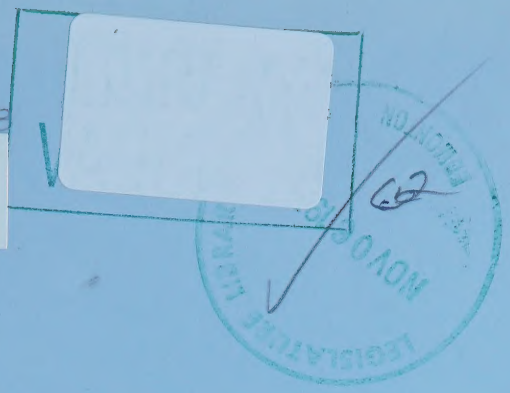

Quarterly Statistical Review

Alberta

HEALTH AND
SOCIAL DEVELOPMENT
Research and Planning Division

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Notes:

Data used in the construction of all figures contained within the Quarterly Statistical Review are available on request from research and planning.

ERRATA

The article "Percentage of Population Receiving Public Assistance" contains a number of errors which should be corrected:

(1) On page 3, Wetaskiwin regional office is not one of the regional offices experiencing the greatest decreases in caseload between June 1, 1971 and June 30, 1973.

(2) In Table 1, page 4, the data presented for Wetaskiwin regional office should read: 693 assistance units
15.41/1000 population
rank 17

(3) Replace the original Table 3, page 6, with the following revised Table 3.

(4) In Table 5, page 8, the percentage change in assistance units for Wetaskiwin regional office should read +5.92.

A number of other small errors occur in the tables contained in this article, but the major corrections are outlined above. Anyone wishing to obtain a corrected version of the entire article may request it from Research and Planning.

PERCENTAGE OF POPULATION RECEIVING PUBLIC ASSISTANCE FOR REGIONAL OFFICES

Vivien Lai and Catherine Collis*

This article compares the percentage of population on assistance for each of the thirty-five regional offices in Alberta as one way of denoting and comparing the economic dependency of these areas. Two statistical compilations are used:

1. **Percentage of population on assistance:** this is obtained for each regional office area by expressing the number of persons receiving public assistance (including dependents) as a percentage of the total population eligible for assistance[1] in the area.

2. **Number of assistance units per 1000 population:** these statistics show the number of households being assisted per 1000 population.[2]

These two indices were calculated using recipient and assistance unit figures from both social allowance payroll and non-payroll caseloads.

The first section of the article compares public assistance statistics of June 1, 1971, with those of the census: it is a cross-sectional comparison of two sets of statistics obtained in the same period. The second section compares public assistance statistics of June 1971, January 1973, and June 1973 with that of the census. It is a longitudinal comparison of caseload shift with a standard population base.

Cross-Sectional Analysis: Comparison of Public Assistance Statistics and Census as of June, 1971

Comparison of public assistance statistics and census figures as of June 1, 1971 is presented in Table 1 which shows the percentage of population on assistance and the number of assistance units per 1000 population for each of the 35 regional offices. The table also gives the rank orderings[3] of the 35 offices for each of the two indices.

1. The regional offices at Slave Lake, Lac la Biche, High Prairie, and High Level had the highest rate of assistance; the first three offices and Edmonton North had the highest number of assistance units per 1000 population.

Regional Office	Number of Assistance Units per 1000 Population #/1000	Rank	Percentage of Population on Assistance %	Rank
Slave Lake	72.91	1	30.16	1
Lac la Biche	52.66	2	23.64	2
High Prairie	38.55	3	14.56	3
Edmonton North	35.25	4	8.80	5
St. Paul	25.69	5	7.80	8
Provincial Average	17.43	—	4.76	—

2. The regional offices at Hanna, Olds and Brooks had the lowest figures.

Regional Office	Number of Assistance Units per 1000 Population #/1000	Rank	Percentage of Population on Assistance %	Rank
Hanna	7.09	35	1.66	35
Olds	8.21	34	2.30	34
Brooks	8.76	33	2.35	33
Grande Cache	9.19	32	3.31	28
Stettler	9.73	31	2.44	32
Wainwright	10.80	30	2.69	31
Vermilion	10.88	29	2.90	30
Provincial Average	17.43	—	4.76	—

Comparing the rankings of the thirty-five regional offices with regard to the two indices (percentage of population on assistance and number of assistance units per 1000 population), the relative orderings appear highly similar.

Difference Between Ranks on Variables 1 and 2	Number of Regional Offices
0	8
±1	8
±2	6
±3	2
±4	6
More than ±4	5
TOTAL	35

The regional offices exhibiting a discrepancy greater than three between the two rankings tended to be those offices which had the highest and lowest mean case sizes[4] (High Level, McMurray, Grande Cache, Edson, Rocky Mountain House, Blairmore, Medicine Hat, Wetaskiwin). Thus, some regional of-

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fices showed a high rank on the scale of number of assistance units per 1000 population, because their average case size was very high (up to 4.74 persons). The opposite case also is true: some regional offices had a high ranking number of assistance units per 1000 population, but a much lower ranking with regard to percentage of population on assistance, because of a low average case size (down to 2.14 persons). Given these disparities, one should avoid comparing regional offices on the sole basis of one of the two statistics derived.

In general, it is felt that the number of assistance units per 1000 population relates to the number of household heads on assistance and thus is a fairly good indicator of the general economic dependency of the adult population. Since neither the labour force survey nor the unemployment insurance data is produced on a small area basis, this is probably the only "people-related" index available for gauging the general economic and employment situation of regions within Alberta. However, since the welfare caseload includes both those who can work and those who cannot work (i.e., those who are employable or capable of being in the labour force, and those who are unemployable) no attempt should be made to equate these welfare indices with the unemployment situation in any area.

The index of percentage of population on assistance denotes not only the economic dependency of the adult population but also that of the dependents (spouses and/or children) that rely on public assistance for maintenance. This index is greatly affected by the demographic structure of the population; for example, if an area has many persons below age 18, the percentage of population on assistance will be higher even if the economic dependency of the adult population is relatively low.

Longitudinal Analysis: Comparison of Public Assistance Statistics as of June 1971, January 1973, June 1973 with 1971 Census

Since June 1971, the size of the public assistance caseload in many of the regional offices has changed considerably. For example McMurray's caseload has increased 78.76 per cent,[5] and Grande Cache, 36.00 per cent, whereas that of Peace River has decreased 30.57 per cent (see Table 5). In view of these changes in caseload numbers since June 1971, the cross-sectional analysis may not be valid for the present situation. Ideally, the above index should be calculated for 1973 to show the present percentage of population on assistance for these offices. Unfortunately, as the Canadian census occurs only every five years, no population data is available for the small areas defined by the regional boundaries for any date after June 1, 1971. In Tables 2 and 3, the percentage of population on assistance and the number of assistance units per one thousand population are re-calculated using January 1973 and June 1973 public assistance statistics. It is felt that these more recent figures may present a more accurate index. However, because of the lack of 1973 population data, 1971 census data was used. As the populations of some areas (for example, McMurray) are known to have changed drastically since 1971, these revised indices can not claim to reflect an accurate picture for all of the regions.

Taking all the above factors into consideration, and comparing the indices for the three time periods, it appears that Lac la Biche, Slave Lake, Edmonton North and High Prairie consistently are the regional offices with the highest caseload per 1000 population. However, Slave Lake experienced a 18.51 per cent decrease in caseload between June 1971 and June 1973, and fell from the highest rank order of caseload per 1000 population to second highest. Lac la Biche experienced a 2.81 per cent decrease, but moved to the first rank order as a result of Slave Lake's larger decrease. High Prairie had an 11.07 per cent decrease and fell from third to fourth rank order. McMurray had a 78.76 per cent increase in caseload and jumped from 21st rank order to fifth. However, it is known that McMurray's population has increased dramatically since 1971, and therefore this figure is highly inflated because of the 1971 population base.

As for percentages of population on assistance for June 1973, the same five regional offices are also the offices with the highest percentages. The rank orders vary slightly because of differences in mean case size.

Regional Office	Number of Assistance Units per 1000 Population		Percentage of Population on Assistance	
	#/1000	Rank	%	Rank
Lac la Biche	49.61	1	20.52	2
Slave Lake	48.34	2	20.54	1
Edmonton North	38.35	3	9.00	5
High Prairie	32.28	4	11.80	3
McMurray	25.31	5	9.10	4

Regarding regional offices with the lowest rank orders, it appears that they are fairly consistent for both indices, and that their situation has remained highly similar to that in 1971. Rank orders for both indices as of June 1973 are shown below.

Regional Office	Number of Assistance Units per 1000 Population		Percentage of Population on Assistance	
	#/1000	Rank	%	Rank
Hanna	6.46	35	1.14	35
Olds	9.27	34	2.35	34
Stettler	10.08	33	2.37	33
Brooks	10.21	32	2.59	31
Wainwright	11.00	31	2.49	32

Figure 1 is a graphic illustration of the distribution of the thirty-five regional offices by percentage of population on assistance; Figure 2 shows their distribution by number of assistance units per 1000 population. The shading on the maps reflects the designation of the regional offices on a scale ranging from very high to very low.[6] From Figure 1, the northern part of the province shows the highest caseload densities, ranging from "very high" in selected northern areas (High Level, McMurray, Slave Lake, High Prairie, Lac la Biche, St. Paul) to "high" in other northern areas (Peace River, Grande Prairie, Athabasca, Smoky Lake, Bonnyville, Edmonton West). Areas in the southern part of the province tend to have "medium", "low" and "very low" grading with the "very low" ranging over areas north-east of Calgary (Olds, Drumheller, Brooks, Hanna, Stettler, Camrose and Wainwright). The above pattern of caseload density with "very high" concentration in northern areas and "very low" in areas north-east of Calgary is also found in Figure 2 which shows the percentage of population on assistance.

It is worth noting (Table 5) that since 1971, McMurray, Grande Cache, Vermilion, Vegreville, Brooks, Calgary South, Olds and Rocky Mountain House offices have experienced the greatest increases in caseload, while Peace River, Whitecourt, Slave Lake, Wetaskiwin, Camrose and Drumheller offices have experienced the greatest decreases in caseload.

Greatest Increases in Caseload between June 1, 1971 and June 30, 1973

Regional Office	% Change
1. McMurray	+78.76%
2. Grande Cache	+36.00%
3. Vermilion	+23.56%
4. Vegreville	+19.23%
5. Brooks	+16.33%
6. Calgary South	+15.06%
7. Olds	+12.78%
8. Rocky Mountain House	+12.59%

Greatest Decreases in Caseload between June 1, 1971 and June 30, 1973

Regional Office	% Change
1. Peace River	—30.57%
2. Whitecourt	—18.71%
3. Slave Lake	—18.51%
4. Wetaskiwin	—17.81%
5. Camrose	—16.36%
6. Drumheller	—15.51%

Methodological Notes

1. The population of individual social development regions was obtained from the 1971 census. Census statistics by enumeration areas were aggregated by the census branch of Statistics Canada (GRDSR system) using social development regional boundaries as specified by the department. Treaty Indians living on reserves were excluded from the population base as they are not within the jurisdiction of this department. Therefore, the population base used for each region is the population for which this department holds jurisdiction.

   The number of social assistance recipients was obtained from the routine computerized statistical system of the public assistance program. These figures include the applicant for public assistance and his/her family members.
2. Assistance unit figures were obtained from the department's administrative system on public assistance. They include only the household heads who applied for public assistance.
3. When ties occurred in the rankings, a rank was skipped, and both regional offices were given the succeeding rank number.
4. Mean case size is derived by dividing the number of recipients by the number of assistance units.
5. The boundaries of McMurray and Lac la Biche have been changed twice during the period under study. However, it is felt that the changes affected only a small number of cases, and therefore should not distort the total analysis greatly.
6. Regional offices were distributed along a five-point scale

   Very High (VH)
   High (H)
   Medium (M)
   Low (L)
   Very Low (VL)

   by ranking them according to each of the two indices, and assigning a consecutive seven offices to each of the five categories.

TABLE 1

PERCENTAGE OF POPULATION ON ASSISTANCE AND NUMBER OF ASSISTANCE UNITS PER 100 POPULATION, ALBERTA SOCIAL DEVELOPMENT REGIONS, AS OF JUNE 1, 1971

Regional Offices	# of assistance units	Number of assistance units per 1000 population		# of recipients	Percentage of Population on Assistance	
		#/1000	Rank		%	Rank
Athabasca	244	25.51	6	806	8.43	6
Barrhead	417	15.64	17	1224	4.59	15
Blairmore	210	16.08	16	506	3.87	21
Bonnyville	319	16.82	14	1028	5.42	13
Brooks	98	8.76	33	263	2.35	33
Calgary North	3058	14.50	19	8144	3.86	22
Calgary South	3905	16.57	15	9896	4.20	19
Camrose	275	13.10	26	733	3.49	24
Drumheller	316	13.22	25	840	3.51	23
Edmonton North	4406	35.25	4	11004	8.80	5
Edmonton South	2362	13.97	22	5862	3.45	26
Edmonton West*	3783	16.88	13	10346	4.62	14
Edson	277	13.52	24	911	4.44	16
Grande Cache	25	9.19	32	90	3.31	28
Grande Prairie	824	21.66	10	2413	6.34	9
Hanna	90	7.09	35	211	1.66	35
High Level	145	23.63	8	687	11.20	4
High Prairie	515	38.55	3	1945	14.56	3
Lac la Biche	356	52.66	2	1958	23.64	2
Lethbridge	1449	15.15	18	3749	3.92	20
McMurray	113	14.43	20	473	6.04	10
Medicine Hat	564	14.30	21	1318	3.34	27
Olds	133	8.21	34	372	2.30	34
Peace River	543	23.77	7	1903	8.33	7
Red Deer	773	12.66	28	2107	3.45	26
Rocky Mountain House	135	13.57	23	418	4.20	19
Slave Lake	335	72.91	1	1386	30.16	1
Smoky Lake	245	23.10	9	575	5.42	13
Stettler	171	9.73	31	429	2.44	32
St. Paul	281	25.69	5	853	7.80	8
Vegreville	312	12.77	27	755	3.09	29
Vermilion	225	10.88	29	599	2.90	30
Wainwright	219	10.80	30	545	2.69	31
Wetaskiwin	893	19.86	11	1907	4.24	17
Whitecourt	155	19.17	12	454	5.62	11
Provincial Totals	27971	17.43	—	76350	4.76	—

*Includes the West 10 regional Office.

TABLE 2

PERCENTAGE OF POPULATION ON ASSISTANCE AND NUMBER OF ASSISTANCE UNITS PER 1000 POPULATION, ALBERTA SOCIAL DEVELOPMENT REGIONS, AS OF JANUARY 31, 1973

Regional Offices	Number of assistance units per 1000 population			Percentage of Population on Assistance		
	#	#/1000	Rank	# of recipients	#	Rank
Athabasca	229	23.94	8	714	7.46	8
Barrhead	430	16.12	19	1165	4.37	15
Blairmore	232	17.76	14	519	3.97	23
Bonnyville	329	17.35	16	1050	5.54	11
Brooks	110	9.83	33	263	2.35	33
Calgary North	3165	15.01	23	8399	3.98	22
Calgary South	4514	19.15	11	11308	4.80	14
Camrose	261	12.43	28	646	3.08	28
Drumheller	272	11.38	32	644	2.69	32
Edmonton North	4756	38.04	3	11789	9.43	5
Edmonton South	2364	13.93	26	5852	3.45	25
Edmonton West*	4037	18.01	13	9521	4.25	19
Edson	278	13.56	27	871	4.25	19
Grande Cache	50	18.38	12	178	6.54	10
Grande Prairie	888	23.34	9	2634	6.92	9
Hanna	83	6.54	35	177	1.39	35
High Level	191	31.13	5	863	14.07	3
High Prairie	455	34.06	4	1638	12.26	4
Lac la Biche	350	51.78	2	1451	21.46	2
Lethbridge	1576	16.48	18	3837	4.01	21
McMurray	202	25.80	7	726	9.27	6
Medicine Hat	590	14.95	24	1317	3.34	26
Olds	145	8.95	34	379	2.34	34
Peace River	400	17.51	15	1234	5.39	12
Red Deer	881	14.42	25	2218	3.63	24
Rocky Mountain House	155	15.58	21	430	4.32	17
Slave Lake	245	53.32	1	1039	22.61	1
Smoky Lake	238	22.44	10	555	5.23	13
Stettler	202	11.49	31	492	2.80	29
St. Paul	301	27.51	6	906	8.28	7
Vegreville	368	15.06	22	811	3.32	27
Vermilion	254	12.28	29	571	2.76	31
Wainwright	238	11.74	30	563	2.78	30
Wetaskiwin	756	16.81	17	1944	4.32	17
Whitecourt	126	15.58	21	328	4.06	20
Provincial Total	29671	18.49	—	77032	4.80	—

*Includes the West 10 regional Office.

TABLE 3

PERCENTAGE OF POPULATION ON ASSISTANCE AND ASSISTANCE UNITS PER 1000 POPULATION, ALBERTA SOCIAL DEVELOPMENT REGIONS, AS OF JUNE 30, 1973

Regional Offices	Number of assistance units per 1000 population			Percentage of population on assistance		
	# of assistance units	#1000	Rank	# of recipients	%	Rank
Athabasca	224	23.42	6	679	7.10	8
Barrhead	405	15.19	13	1094	4.10	17
Blairmore	209	16.00	26	502	3.84	21
Bonnyville	293	15.45	9	865	4.56	13
Brooks	114	10.19	18	289	2.58	30
Calgary North	3141	14.90	14	8150	3.87	20
Calgary South	4493	19.06	24	10873	4.61	12
Camrose	230	10.96	29	532	2.53	31
Drumheller	267	11.17	22	666	2.79	29
Edmonton North	4669	37.35	25	11247	9.00	6
Edmonton South	2408	14.19	23	5840	3.44	23
Edmonton West*	3983	17.77	19	10083	4.50	14
Edson	279	13.61	8	827	4.04	18
Grande Cache	34	12.50	17	87	3.20	26
Grande Prairie	888	23.34	10	2584	6.79	9
Hanna	82	6.46	35	145	1.14	35
High Level	153	24.94	2	650	10.59	4
High Prairie	458	34.28	4	1675	12.54	3
Lac la Biche	346	51.18	3	1431	21.17	2
Lethbridge	1430	14.95	28	3353	3.51	22
McMurray	202	25.80	5	726	9.27	5
Medicine Hat	588	14.90	23	1269	3.22	25
Olds	150	9.27	34	386	2.38	33
Peace River	377	16.51	13	1126	4.93	11
Red Deer	771	12.62	27	1917	3.14	27
Rocky Mountain House	152	15.28	18	391	3.39	19
Slave Lake	273	59.41	1	1160	25.24	11
Smoky Lake	239	22.54	10	548	5.17	10
Stettler	177	10.07	33	416	2.37	34
St. Paul	291	26.60	5	844	7.71	7
Vegreville	372	15.23	19	833	3.41	24
Vermilion	278	13.44	26	616	2.98	28
Wainwright	223	11.00	30	505	2.49	32
Wetaskiwin	734	16.33	14	1845	4.10	17
Whitecourt	126	15.58	161	340	4.21	15
Provincial Totals	29059	18.10	—	74499	4.64	—

*Includes the West 10 regional Office.

TABLE 4

RANK ORDER OF REGIONAL OFFICES BY PERCENTAGE OF POPULATION ON ASSISTANCE, JUNE 1, 1971, JANUARY 31, 1973, AND JUNE 30, 1973

Regional Office	June 1, 1971	Jan. 31, 1973	June 30, 1973	Change in rank order June 1, 1971 - June 30, 1973	Percentage change in number of recipients June 1, 1971 - June 30, 1973
Slave Lake	1	2	1	0	—16.31
Lac la Biche	2	1	2	0	—10.45
High Prairie	3	3	3	0	—13.88
Edmonton North	4	5	5	+1	2.21
High Level	5	4	6	+1	—5.39
Athabasca	6	7	7	+1	—15.76
Peace River	7	11	10	+3	—40.83
St. Paul	8	8	9	+1	—1.06
Grande Prairie	9	9	8	—1	7.09
McMurray*	10	6	4	—6	53.49
Smoky Lake	11	13	11	0	—4.70
Whitecourt	12	(19)	15	+3	—25.11
Bonnyville	13	12	14	+1	—15.86
Edmonton West**	14	17	13	—1	—2.54
Barrhead	15	15	16	+1	—10.62
Edson	16	16	17	+1	—9.22
Calgary South	17	14	12	—5	9.87
Wetaskiwin	18	(19)	18	0	—3.25
Rocky Mountain House	19	20	20	+1	—6.46
Calgary North	20	21	19	—1	0.07
Lethbridge	21	22	24	+3	—10.56
Blairmore	22	(24)	21	—1	—0.79
Drumheller	23	32	29	+6	—20.71
Camrose	24	28	30	+6	—27.42
Edmonton South***	25	25	22	—3	—0.38
Red Deer	26	(24)	27	+1	—9.02
Medicine Hat	27	26	25	—2	—3.70
Grande Cache	28	10	26	—2	—3.33
Vegreville	29	27	23	—6	10.33
Vermilion	30	31	28	—2	2.84
Wainwright	31	30	32	+1	—7.34
Stettler	32	29	33	+1	—3.03
Brooks	33	33	31	—2	9.89
Olds	34	34	34	0	3.76
Hanna	35	35	35	0	31.28

Bracketed numbers indicate ties in rank order.

* Boundaries were changed twice during the period under study. It was felt that the change only affected a very small number of cases.

** Includes the West 10 regional office.

*** South Edmonton took over responsibilities for County 20 in January 1973, which was previously under the jurisdiction of the West Edmonton office. This affects a population base of 10,000. This shift in population base is not adjusted in the 1973 figure, which is thus slightly inflated.

TABLE 5

RANK ORDER OF REGIONAL OFFICES BY NUMBER OF ASSISTANCE UNITS PER 1000 POPULATION, JUNE 1, 1971, JANUARY 31, 1973 AND JUNE 30, 1973

Regional Offices	June 1, 1971	Jan. 31, 1973	June 30, 1973	Change in rank order June 1, 1971 - June 30, 1973	Percentage change in number of assistance units June 1, 1971 - June 30, 1973
Slave Lake	1	2	2	+1	—18.51
Lac la Biche	2	1	1	—1	—2.81
High Prairie	3	4	4	+1	—11.07
Edmonton North	4	3	3	—1	5.97
Athabasca	5	7	6	+1	—8.20
Peace River	6	14	13	+7	—30.57
St. Paul	7	8	8	+1	3.56
Smoky Lake	8	10	9	+1	—2.45
Grande Prairie	9	9	7	—2	7.77
Whitecourt	10	20	14	+4	—18.71
Wetaskiwin	11	19	15	+4	—17.81
High Level	12	6	10	—2	5.52
Edmonton West**	13	13	12	—1	5.29
Calgary South	14	11	11	—3	15.06
Bonnyville	15	15	20	+5	—8.15
Barrhead	16	18	17	+1	—2.88
Blairmore	17	16	21	+4	—0.48
Lethbridge	18	17	22	+4	—1.31
Medicine Hat	19	22	18	—1	4.26
Calgary North	20	23	19	—1	2.71
McMurray*	21	5	5	—16	78.76
Edmonton South**	22	26	(24)	+2	1.95
Edson	23	27	25	+2	0.72
Drumheller	24	32	29	+5	—15.51
Camrose	25	28	31	+6	—16.36
Vegreville	26	21	16	—10	19.23
Red Deer	27	25	27	0	—0.26
Rocky Mountain House	28	24	(24)	—4	12.59
Vermilion	29	29	26	—3	23.56
Wainwright	30	30	30	0	1.83
Stettler	31	31	33	+2	3.51
Grande Cache	32	12	28	—4	36.00
Brooks	33	33	32	—1	16.33
Olds	34	34	34	0	12.78
Hanna	35	35	35	0	—8.89

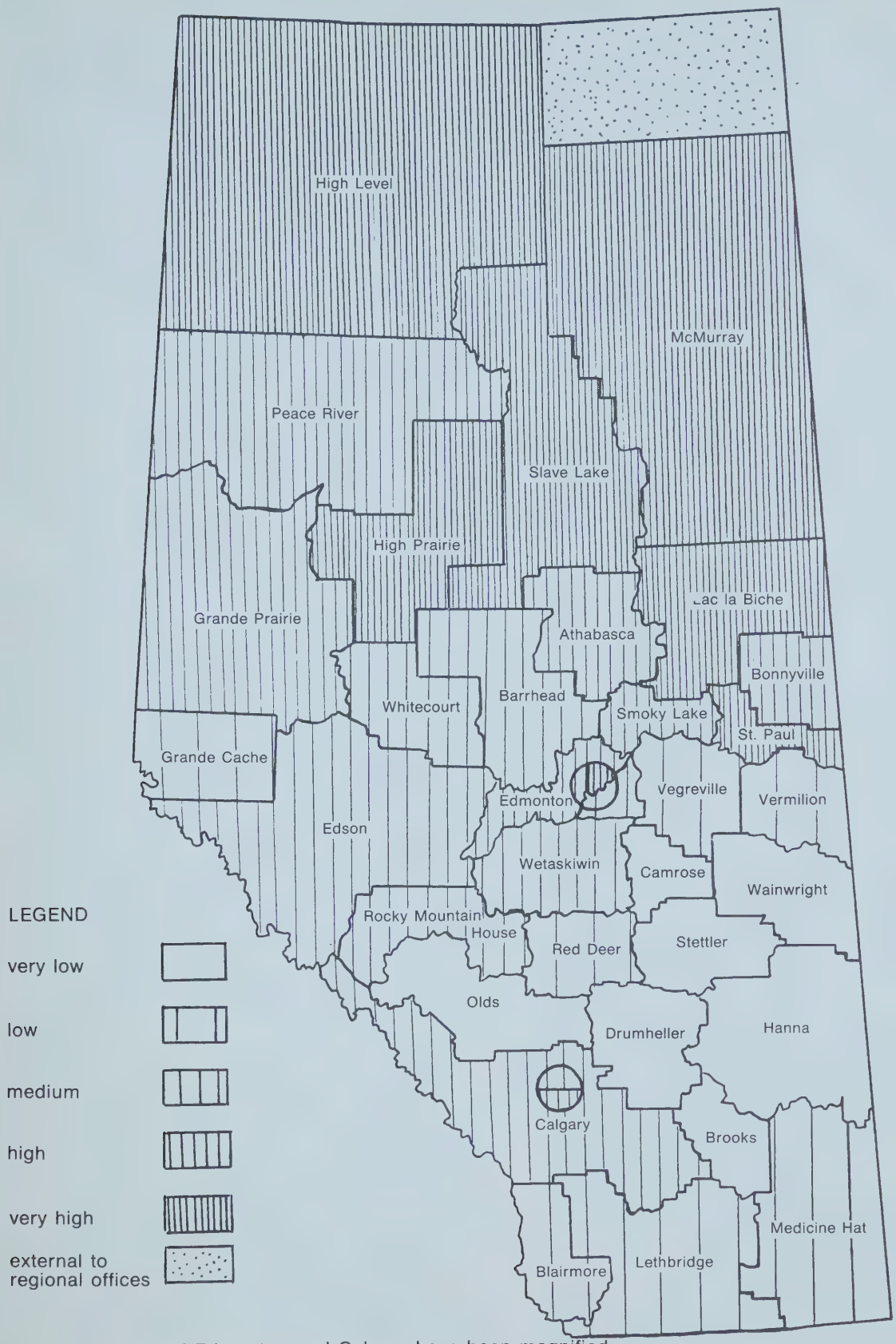
Bracketed numbers indicate ties in rank order.

* Boundaries were changed twice during the period under study. It was felt that change only affected a very small number of cases.

** Includes the West 10 regional office.

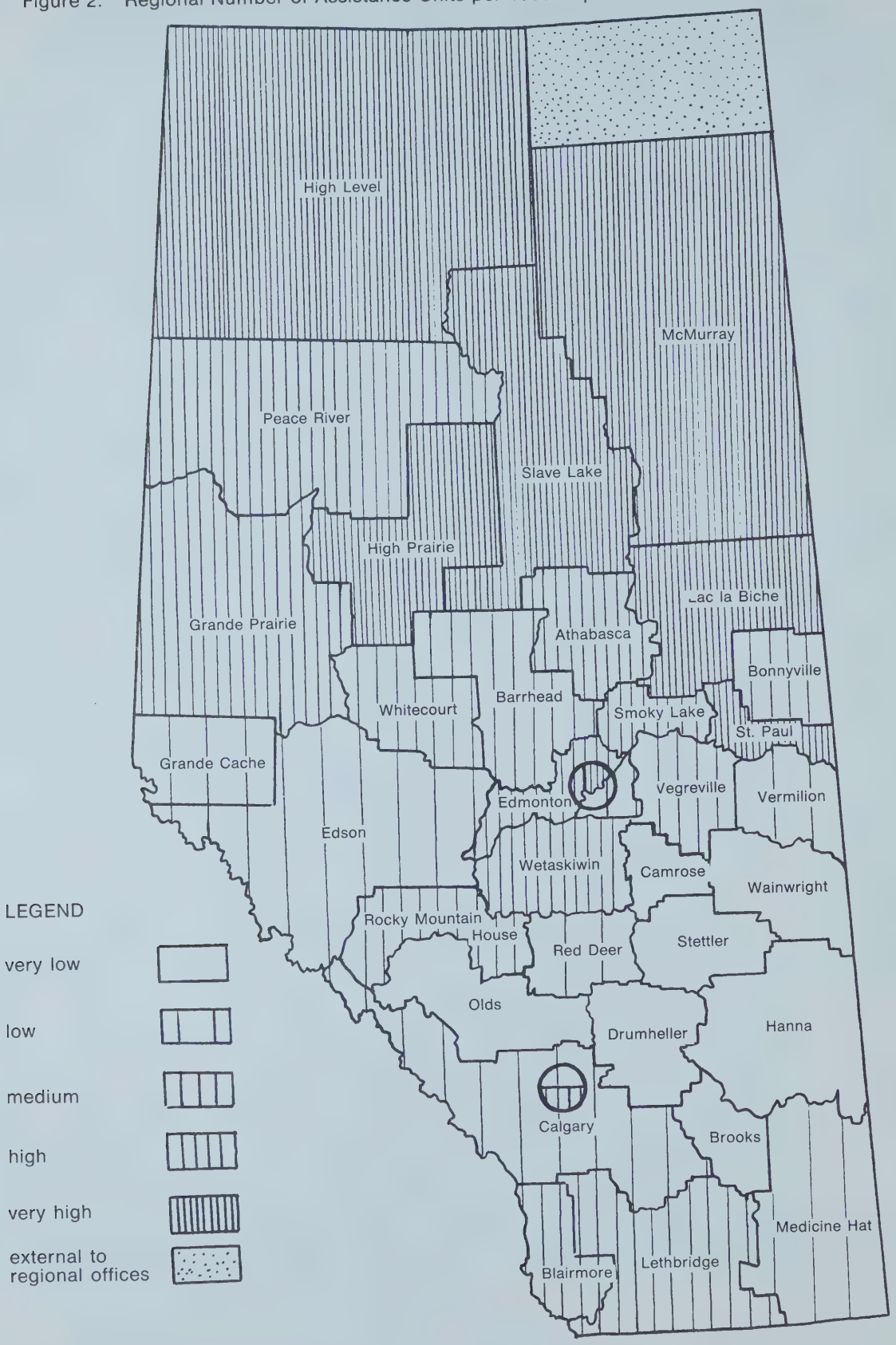
*** South Edmonton took over responsibilities for County 20 in January 1973, which was previously under the jurisdiction of the West Edmonton office. This affects a population base of 10,000. This shift in population base is not adjusted in the 1973 figure, which is thus slightly inflated.

Figure 1. Regional Percentage of Population on Assistance. Alberta, June 1, 1973[1]



1. Municipalities of Edmonton and Calgary have been magnified.

Figure 2. Regional Number of Assistance Units per 1000 Population. Alberta, June 1, 1973[1]



1. Municipalities of Edmonton and Calgary have been magnified.

REGISTRY FOR HANDICAPPED CHILDREN AND ADULTS

Dr. C. S. Dafoe and Catherine Collis*

The original objectives of the registry for handicapped children and adults were (1) to identify handicapped persons, (2) to develop information on the services presently available to, and utilized by, these handicapped persons, and (3) to distinguish service areas which need further development. To this point, the registry has concentrated on the first objective — to identify handicapped persons through registration. However, information from the registry has been used on occasion to support the development of new services for handicapped persons throughout the province. Because of this concentration on registration, information from the system is focused on the individual handicapped person, his problems, development and possible rehabilitation. The production of macro-level statistics is a by-product of the system — a by-product which sometimes is difficult to obtain because of the focus on individuals. This article, however, will attempt to produce assorted summary statistics concerning the registry's present contents.

The registry for handicapped children and adults was established in late 1963 in the Medical Services Division, of what then was the Department of Public Health. In January 1964 a half-time medical officer was appointed with a full-time secretary, to take charge of administration of the registry. Letters explaining the function of the new registry and its method of operation were sent to all practising physicians in the province, health units, local health boards, and public and private organizations dealing with handicapped persons. Registration cards were supplied to these agencies in order that they might report known handicapped persons to the registry.

Additional assistance in identifying handicapped persons for the registry is obtained from the Division of Vital Statistics, which forwards one copy of the physician's notice of birth, still-birth certificates, and death certificates for infants under one year of age, when birth deformities are present.

The registration card is designed to record pertinent information regarding each handicapped person:

- social insurance number
- birth date, sex, marital status
- place of birth, birth order
- significant medical disabilities (including mental retardation), up to a maximum of four recorded disabilities. This information is coded by registry staff according to the four-digit coding system of the (adapted) international classification of diseases of the World Health Organization. Many of the persons reported to the registry have conditions that are of a minor nature (fusion of fingers), were corrected at birth (removal of extra digits), or are completely under control through the use of drugs (diabetes, epilepsy). These persons are included in the registry for purposes of statistical information on incidence of disease, congenital anomalies, etc. If one of the disabilities is mental retardation, the severity is ranked on a five-point scale.
- school status, educational attainment
- employment status
- primary and secondary sources of financial assistance (including: public assistance, Disabled Persons Allowance, Workers' Compensation Board, Unemployment Insurance, Department of Veterans' Affairs, Department of Indian Affairs and Northern Development.
- other persons in the same family who are registered as being handicapped.

In addition, each case is coded as being active, inactive, stillborn, dead, or "lost to follow-up" (only one of these codes can apply to a person at any time). Active cases are those which are presently being followed-up by the division; for example, persons who are receiving special training in order to adjust to living with their handicap. **Active** cases are contacted at intervals of from six months to two years until the handicap is cured, reaches its maximum improvement, or the individual has died, left the province or become employed. **Inactive** cases are cases for which there is no follow-up at present, e.g., severely mentally retarded persons who have been placed in an institution for long-term care. Many of the inactive cases may have been active at a previous time; for example, a person may have been permanently injured at work, received special training to cope with his handicap (during which time he would be an active case), and found new employment (becoming an inactive case). Other inactive cases have never been active cases. This would include persons born with a deformity which was immediately corrected by the attending physician (e.g., an extra digit that was removed at birth). These cases are included in the registry in order that the frequency of such anomalies may be known. Inactive cases are not followed up, but are retained in the files for statistical purposes. **Stillbirths** are registered when a stillborn baby (a baby for which no sign of life was detected upon delivery) has noticeable deformities. Again, these cases are registered in order that the frequency of such occurrences may be measured. Most of the **dead** persons registered were either active or inactive at one

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point in time, but have died since registration. As with the cases discussed above, it is important to retain these files to allow information retrieval on frequency and characteristics of persons with various types of handicaps. If the first information on the person is from Vital Statistics in the form of a copy of the death certificate of a baby, the person may be originally recorded as dead and therefore would never have been an active or inactive case. Initially, no case is coded as **"lost to follow-up".** This code is used to up-date an active file for which the division has been unable to make further contact (e.g., the person may have moved his residence from the province).

When the completed registration card is received, the information listed is coded and stored on computer tape so that it can be retrieved for compiling statistics regarding handicapped individuals, their geographic locations, types of handicaps, schooling, employment, etc. Steps are taken to avoid duplicate registrations (this might occur if separate agencies reported the same handicapped individual). Often new registration forms are received which contain more current information concerning the individual than previously was registered. This new information is used, along with the information obtained through routine follow-ups, to up-date the computerized records. As a result of the new information, changes may be made in the person's active/inactive/dead status, their school attendance, educational attainment, employment status, marital status, etc.

The most frequent sources of registration are the health units and city health departments. A number of other institutions make steady contributions, in particular the Glenrose School Hospital, the Canadian National Institute for the Blind, and active treatment hospitals which report information on all infants less than one year old admitted to hospital with a congenital anomaly or disease. To date, the registry contains over 34,000 cases and about 340 new registrations are being received a month. Table 1 presents the number of registered cases residing in each of the various health units and other administrative areas, in 1967 and 1972. In all cases, the reported rate per thousand population has increased considerably over the five-year period. This increase primarily is a result of increased reporting, and not increased incidence. Undoubtedly, the present number of handicapped persons still is greatly under-registered. In addition to generalized under-reporting, reporting standards vary greatly among health jurisdictions.

Table 2 presents the ten most frequently reported handicaps for 1967 and 1972, and the number of cases registered for the ten most common handicaps in 1972. Mental retardation and speech defects remain the most frequently reported handicaps. The large number of registrations of speech defects, and the great increase in hearing defects, is primarily a result of the many cases reported by the Glenrose Speech Pathology and Audiology Department, which has added travelling diagnostic facilities to those at the hospital. Epilepsy, defects in vision, diabetes and cerebral palsy have declined in terms of reported frequency, while polio has disappeared from the top ten ranks. In the early days of the registry, the polio foundation encouraged all individuals with residual paralysis to register, and the number was large in proportion to the total registry. Since that time, extremely few new cases of polio have been registered, and most of these persons contracted the disease while living abroad. Congenital limb deformities, defects in hearing, club feet, and cleft lip and/or palate constitute an increased portion of the registry.

Information Retrieval From the Registry

Although registry information is considered strictly confidential, and the names and addresses of registered individuals are never divulged, requests for statistical information are frequently received from individuals and organizations concerning certain types of handicaps, cases resident in certain areas, etc. Because of the developmental stage of the system, complete summary statistics of the registry contents are not possible at this time. The only information available on all the persons registered as of the end of 1972 (including active, inactive, and dead cases) is an age-sex breakdown. This information is presented in Table 3. Slightly more than half of the registered persons are males (56.2 per cent), and two-thirds (67.0 per cent) are less than 18 years old. Other statistics are available concerning limited sections of the registry, a few examples of which are described below.

1. **Speech and Hearing Handicaps**

   The number of persons with speech and hearing defects registered as of the end of 1972 was 5,149, constituting 17.5 per cent of all registered cases. Of the 5,149 cases, 64.5 per cent were male and 35.5 per cent female. Over one-half (52 per cent) of the persons were attending regular classes, and 17 per cent were enrolled in special classes.

2. **Families with Multiple Registrations of Mental Retardation**

   A special computer run was undertaken to determine the number of families with two or more family members registered because of mental retardation. Of a total of 3,555 families that had a family member registered as being mentally retarded, 145 families (or 4.08 per cent) were identified as having two or more family members registered for this handicap.

3. **Age-Sex Distribution of Mentally Retarded Persons**

   From Table 4, a total of 3,723 mentally retarded persons are registered, of which number 56.76 per cent are males and 43.16 per cent females. Almost two-thirds (64.00 per cent) are less than 18 years old. The age-sex distribution of the mentally retarded is very similar to the corresponding age-sex distribution of the total registry.

Special Studies

In addition to the special computer runs described above, several special studies have been undertaken by registry staff. Two of these studies are described here.

1. **Reduction Deformities Study**

   When it was noted in the spring of 1969 that several unusually severe cases of reduction deformities of limbs had occurred in Edmonton within a very short period of time, a three-year study was conducted by research and planning, health and social development, to investigate births of children born with portions of their limbs missing. British Columbia, in which a similar increase in reduction deformities had been noted, joined the study in the second and third years. All cases were investigated by personal interview, as well as two control cases for each index case. Final results of this study are not yet available.

2. **School Status and Employability Potential of a Sample of Registered Handicapped Youth**

   In 1971, a special study was conducted on all fifteen-year-olds registered. Approximately three per cent of the registry (865 cases) were in this age category. Of this number, 63 persons were known to have died, been cured of their handicap, moved from the province, been "lost to follow-up", or had been admitted to Alberta School Hospital as permanent residents.

   Follow-up forms were sent out to the remaining 802 registered adolescents, and 85 per cent (685) of the forms were completed and returned for analysis. Of these 685 persons, 229 (or 33.4 per cent) were considered to have a degree of residual handicap; the remaining 456 adolescents (66.6 per cent) were judged as being no longer handicapped. The 229 handicapped children together accounted for 296 handicaps (due to some children suffering from multiple handicaps). Distribution of the children by type of handicap is presented in Table 5.

   This study attempted to determine what proportion of the children would be considered handicapped when seeking employment. Two-thirds of the children (67.0 per cent) were found to be employable, as shown in Table 6.

   A variety of special classes and schools was utilized by these handicapped children. Of the original 685 children contacted, 237 (34.6 per cent) had attended, or were still attending, special schools or classes. Of the 229 children who were judged as still being handicapped, 118 (51.5 per cent) were presently enrolled in special schools or classes. Table 7 presents information on school attendance for the two groups. Many of the children who no longer were considered to be handicapped had used the special education facilities on a temporary basis and then returned to regular classes.

Summary

The registry for Handicapped Children and Adults differs from most computerized statistical systems in that its focus is on the individual handicapped person — his existence, problems, therapy, and rehabilitation. As a result of this micro-level orientation and the very real problems of under-registration, it is difficult to produce sound summary statistics of the entire population of handicapped persons in Alberta. Nevertheless, the statistics presented in this article illustrate the relative frequency and characteristics of various handicapped groups. The existing registry now is being assessed with a view towards the development of a new system which would more adequately satisfy the overall objectives of the handicapped registry.

TABLE 1

REGISTERED HANDICAPPED PERSONS BY HEALTH JURISDICTION, AND RATE PER THOUSAND POPULATION, 1967 AND 1972*

Health Jurisdiction	1967		1972	
	Number of Cases	Rate per 1000 Population	Number of Cases	Rate per 1000 Population
Municipalities:				
Calgary	3,820	9.8	6,904	16.7
Edmonton	5,438	13.3	9,435	21.0
Lethbridge	333	8.3	462	11.0
Other Municipalities	123	—	41	—
Health Units:				
Alberta East Central	282	5.5	513	10.0
Athabasca	430	18.4	602	27.0
Banff National Park	20	5.0	30	8.4
Barons Eureka	131	5.0	196	7.0
Big Country	156	11.1	216	15.0
Chief Mountain	76	8.4	147	10.0
Chinook	241	11.0	290	12.0
Drumheller	133	4.7	227	8.6
Edson	184	8.0	432	16.0
Foothills	151	7.1	223	10.0
Grande Prairie	224	6.0	486	12.0
Jasper National Park	10	3.3	14	4.8
Leduc-Strathcona	553	15.0	823	18.0
Medicine Hat	586	12.0	803	16.0
Minburn-Vermilion	167	5.9	289	10.0
Mount View	227	7.5	353	10.0
North Eastern	573	15.4	839	21.0
Peace River	421	11.1	650	17.0
Red Deer	422	6.0	729	12.0
Stony Plain-Lac Ste. Anne	209	8.7	403	14.0
Sturgeon	498	9.0	941	15.0
Vegreville	323	11.1	6614	21.0
Warner, County of	75	9.0	118	10.0
Wetoka	281	9.5	496	16.4
Indian Reserves	1,041	—	1,140	—
Other Provinces	—	—	628	—
Northwest Territories	—	—	41	—
Yukon Territory	—	—	6	—
U.S.A.	—	—	49	—
Other Countries	—	—	42	—
TOTAL	17,128	11.50	30,401	18.38

* The population of each health unit is based on 1966 and 1971 census populations, updated annually by local health services in health and social development.

TABLE 2

TEN MOST FREQUENTLY REGISTERED HANDICAPS, 1967 AND 1972

Handicap	Frequency Rank Orders 1967	1972	Number of Cases 1972*
Mental Retardation	1	1	4,094
Speech Defects	2	2	3,657
Epilepsy	3	4	2,039
Defects in Vision	4	7	1,666
Diabetes	5	6	1,816
Congenital limb deformities (other than Club Feet)	6	5	1,995
Defects in Hearing	7	3	2,083
Cerebral Palsy	8	9	1,403
Club Feet	9	8	1,573
Polio	10	—	—
Cleft Lip and/or Palate	—	10	991

* Number of cases is not available for 1967. The 1972 figures include cases who were active, inactive, dead and lost-to-follow-up.

Dashes indicate diseases which were not among the ten most frequently registered handicaps.

TABLE 3

AGE-SEX DISTRIBUTION OF REGISTERED HANDICAPPED PERSONS AS OF YEAR END 1972*

Age	Males #	%	Females #	%	Hermaphrodites #	%	Sex Not Known #	%	TOTAL #	%
0-6	3,346	12.8	2,417	9.3	—	—	2	0.0	5,765	22.0
7-12	4,079	15.6	2,797	10.7	1	0.0	4	0.0	6,881	26.3
13-18	2,850	10.9	2,043	7.8	—	—	2	0.0	4,895	18.7
18+	4,421	16.9	4,190	16.0	1	0.0	4	0.0	8,616	33.0
TOTAL	14,696	56.2	11,447	42.8	2	0.0	12	0.0	26,157	100.0

* Includes active and inactive cases.

TABLE 4

AGE-SEX DISTRIBUTION OF MENTALLY RETARDED PERSONS REGISTERED

Age	Males #	%	Females #	%	Unknown #	%	TOTAL #	%
0-6	170	4.57	163	4.38	—	—	333	8.96
7-12	531	14.26	398	10.69	—	—	929	24.95
13-17	662	17.78	457	12.27	2	0.05	1121	30.00
18+	750	20.15	589	15.82	1	0.03	1340	36.00
TOTAL	2113	56.76	1607	43.16	3	0.08	3723	100.00

* Includes active and inactive cases.

TABLE 5

DISTRIBUTION OF REGISTERED FIFTEEN-YEAR-OLDS BY TYPE OF HANDICAP, 1971

Handicap	#	%
Mental retardation	132	57.6
Cerebral palsy	27	20.9
Defects of hearing	25	10.9
Defects of vision	20	8.7
Speech defects	20	8.7
Epilepsy	18	7.9
25 other conditions	54	20.6
Total Number of Handicaps	296	—
Total Number of Children	229	—

TABLE 6

EMPLOYMENT POTENTIAL OF REGISTERED FIFTEEN-YEAR-OLDS, 1971

Employment Potential	#	%
Should have no difficulty in seeking and maintaining employment	71	30.9
Capable of being self-supporting if given special training	82	36.1
Low potential even if given special training	52	22.6
Unemployable (severely retarded, usually multiple handicaps)	12	5.2
Limited life expectancy due to handicap	12	5.2
TOTAL	229	100.0

TABLE 7

ATTENDANCE OF REGISTERED FIFTEEN-YEAR-OLDS IN SPECIAL SCHOOLS AND CLASSES, 1971

School/Class	Children with residual handicaps who were enrolled at the time of the survey	Children who had been enrolled in the past	TOTAL
Alberta School Hospital, Red Deer	7	1	8
Jericho Hill School, Vancouver	3	1	4
Alberta School for the Deaf	4	10	14
Youth Development Center	—	1	1
Alberta Hospital, Ponoka	—	1	1
Cerebral Palsy Clinic	—	1	1
A school for the retarded	30	8	38
An opportunity or special class	27	50	77
A vocational school	43	15	58
A hard-of-hearing class	1	6	7
A low-vision class	1	3	4
A speech therapy class	2	20	22
Correspondence school	—	1	1
A class for emotionally disturbed children	—	1	1
TOTAL	118	119	237

HIGHLIGHTS OF NOTIFIABLE DISEASES

E.S.O. Smith

Since 1958 Alberta has subscribed to a standard list of notifiable diseases which was proposed by the Dominion Council of Health and implemented by Statistics Canada as a reporting basis for all provinces. The list was revised in 1969, and some provinces, including Alberta, have their own short, supplementary lists of diseases which may not be notifiable elsewhere.

The notifiable diseases are infectious diseases reportable under the Regulations for the Control of Communicable Disease. The responsibility for reporting rests with the attending physician, or if no physician is in attendance, with the head of the household. Frequently, however, the public health nurse or sometimes the school teacher advises the Medical Officer of Health that a notifiable disease has occurred.

The following is a list of the diseases included in the standard list:

(1) Intestinal infectious diseases:
- Typhoid fever
- Paratyphoid fever
- Other salmonella infections (with or without mention of food as vehicle)
- Bacillary dysentery
- Bacterial food poisoning (including staphylococcal intoxication and botulism)
- Diarrhoea of the newborn (epidemic)

(2) Tuberculosis (in Alberta reportable directly to Division of Tuberculosis Control).

(3) Venereal diseases (in Alberta reportable directly to Division of Social Hygiene):
- Gonorrhoea (including gonococcal infection of eye)
- Syphilis (congenital and acquired)
- Chancroid
- Lymphogranuloma venereum
- Granuloma inguinale

(4) Other bacterial diseases:
- Diptheria
- Meningococcal infections
- Streptococcal sore throat and scarlet fever
- Pertussis (whooping cough)

(5) Virus diseases of the central nervous system:
- Aseptic meningitis due to enteroviruses (including Coxsackie virus and ECHO virus, but excluding poliovirus)
- Western equine encephalitis

(6) Other virus diseases:
- Infectious hepatitis
- Serum hepatitis
- Measles
- Rubella (German measles)

(7) Rare diseases:
- Amoebiasis (including amoebic dysentery)
- Anthrax
- Brucellosis (including undulant fever)
- Cholera
- Leprosy
- Malaria
- Plague
- Poliomyelitis
- Psittacosis (ornithosis)
- Rabies
- Relapsing fever (louse-borne)
- Rickettsial infections (louse-borne, typhus, Rocky Mountain spotted fever and Q-fever)
- Smallpox
- Tetanus
- Trichinosis
- Tularemia
- Yellow fever

In addition, the following diseases are notifiable in Alberta:
- Pemphigus neonatorum (impetigo of the newborn)
- Puerperal pyrexia
- Typhoid carrier-state
- Paratyphoid carrier-state
- Diphtheria carrier-state

The main purpose of reporting notifiable diseases is to enable the Medical Officer of Health or the public health nurses and public health inspectors acting under his direction to ensure that patients are isolated to the extent that is necessary, to ascertain whether there could be a persisting source or reservoir of infection and if so to trace it, to identify susceptible contacts and ensure that they are quarantined or provided with specific protection by active or passive immunization or by chemoprophylaxis, as the occasion may demand, and to take such other steps as may be necessary to control the spread of infection.

A secondary reason for reporting is to provide information about geographic distribution, sex and age distribution and trends in relation to time. With this kind of information the arrival and course of an epidemic often can be predicted, and the effectiveness of preventive measures can be evaluated. However, while there is good reporting of the more serious diseases and the rare diseases, it should be realized that some of the more mundane diseases are grossly under-reported.

For this first quarterly review of notifiable diseases we have produced five tables covering the period July to September 1973. Table One shows the geographic distribution of reported cases of the more common notifiable diseases (excluding venereal diseases). Table Two shows the sex and age distribution of reported cases of notifiable diseases (excluding venereal diseases, tuberculosis

and rare diseases), and Table Three shows the same information for venereal diseases. Table Four compares the reported incidence of notifiable disease with the five-year mean for the corresponding quarter, and Table Five shows the same information (but with a break-down by sex) for venereal diseases.

From Tables One and Two we see that the most commonly reported notifiable diseases (apart from venereal diseases) during the quarter were streptococcal sore throat and scarlet fever (counted as a single entity), infectious hepatitis, salmonellosis, bacillary dysentery, measles and rubella, in that order. More than one-sixth of the reported cases of streptococcal sore throat and scarlet fever occurred in the Sturgeon Health Unit, and the age groups five to nine and ten to fourteen were hit the hardest. More than one-half of the reported cases of salmonellosis occurred in Edmonton and Calgary, which together account for roughly the same proportion of Alberta's population, and the age groups 15 - 19 and 20 - 24 were the most frequently affected. Salmonellosis was reported with unduly high frequency from Indian reservations, and nearly one-half of the cases occurred in children less than five. Bacillary dysentery showed a high incidence in the Indian reservations and in the Athabasca and Peace River Health Units, and children less than five accounted for nearly three-quarters of the cases. There were signs of the beginning of a measles epidemic in the Athabasca Health Unit.

From Table Four we see that, by comparison with the five previous years, the incidence of serum hepatitis was more than trebled, the incidence of diphtheria was nearly trebled, the incidence of streptococcal sore throat and scarlet fever was doubled and the incidence of rubella was halved. Infectious hepatitis, salmonellosis, bacillary dysentery and measles showed about the same incidence as before.

From Table Three we note that gonorrhoea was by far the most common of the venereal diseases, having a reported incidence nearly fifty times that of all forms of syphilis. Male cases of gonorrhoea outnumbered female cases by more than two-to-one, but under the age of 20 females outnumbered males. The age group 20-24 accounted for nearly one-third of the cases and the age group 15-19 for more than one-fifth.

Table Five shows that, by comparison with the five previous years, the reported incidence of gonorrhoea has increased by more than 50 per cent among males and by more than 80 per cent among females. The incidence of early symptomatic (primary or secondary) syphilis in males has doubled, and the incidence of latent syphilis in both males and females has also doubled.

TABLE 1

REPORTED CASES OF COMMONER NOTIFIABLE DISEASES (EXCLUDING VENEREAL DISEASES) BY CITY, HEALTH UNIT OR OTHER JURISDICTION, ALBERTA, JULY - SEPTEMBER 1973

	Salmonellosis		Bacil. Dysentery	Staph. Food Poisoning	Diarrhoea of Newborn	Diphtheria	Meningococcal Infect.	Strept Throat Scarlet F.	Pertussis	Aseptic meningitis			Infect. Hepatitis	Serum Hepatitis	Measles	Rubella
	Food as vehicle	Food not mentioned								Coxsackie	ECHO	Not Spec.				
Cities																
Edmonton	6	14	2	—	—	2	—	8	—	—	—	—	70	3	6	4
Calgary	—	31	5	—	—	—	1	18	1	—	—	—	103	15	6	17
Grande Prairie	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—
Lethbridge	—	1	2	—	—	—	—	4	1	—	—	—	10	1	14	4
Medicine Hat	—	2	1	—	—	—	—	46	—	—	—	—	3	—	3	3
Red Deer	—	3	—	—	—	—	—	—	1	—	—	—	10	—	1	2
Health Units																
Alberta East Central	—	—	—	—	—	—	—	11	—	—	—	—	1	—	5	13
Athabasca	—	1	20	—	—	3	—	47	—	—	—	—	11	—	39	8
Banff National Park	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Barons Eureka	1	1	1	—	—	—	—	29	—	—	—	—	—	1	2	5
Big Country	—	—	—	—	—	—	—	14	—	—	—	—	2	—	1	—
Chief Mountain	—	—	—	—	—	—	—	4	—	—	—	—	2	—	—	—
Chinook	—	—	4	—	—	—	—	23	—	—	—	—	7	—	—	1
County of Warner	—	—	—	—	—	—	—	6	—	—	—	—	1	—	1	2
Drumheller	—	—	—	—	—	—	1	—	—	—	—	—	5	—	—	—
Edson	—	—	—	—	—	—	—	40	—	—	—	—	11	—	—	—
Foothills	—	—	—	—	—	—	—	2	2	—	—	—	6	—	—	2
Grande Prairie	—	—	—	—	—	—	—	7	—	—	—	—	—	—	—	—
Jasper National Park	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Leduc - Strathcona	—	6	—	—	—	1	—	3	1	—	—	—	14	—	8	1
Medicine Hat	—	9	—	—	—	—	—	13	—	—	—	—	1	—	—	1
Minburn - Vermilion	—	—	—	—	—	—	—	42	—	—	—	—	8	—	—	—
Mount View	—	1	—	—	—	—	—	1	—	—	—	—	—	—	2	8
North Eastern Alberta	—	6	1	—	—	2	—	2	—	—	—	—	2	—	—	—
Peace River	—	3	28	—	—	—	—	24	1	—	—	—	5	—	—	—
Red Deer	—	3	—	—	—	—	—	6	—	—	—	—	8	—	3	2
Stony Plain - Lac Ste. Anne	2	—	—	—	—	1	—	72	—	—	—	—	4	—	—	1
Sturgeon	6	—	1	—	—	—	—	98	—	—	—	—	16	2	—	1
Vegreville	—	—	—	—	—	—	—	27	—	—	—	—	4	—	1	2
Wetoka	1	—	4	—	—	—	—	2	—	—	—	—	12	—	3	4
Other Jurisdictions																
Canadian Forces	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Indian Reservations	—	19	29	—	—	14	—	13	—	—	—	—	8	—	4	—
Northern Alberta Health Services	—	—	7	—	1	1	—	11		—	—	—	—	—	—	6
Other Municipalities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 2

REPORTED CASES OF NOTIFIABLE DISEASES (EXCLUDING VENEREAL DISEASES, TUBERCULOIS AND RARE DISEASES) BY SEX AND AGE, ALBERTA, JULY - SEPTEMBER 1973

Disease	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60+		Age not known		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Intestinal Infections																								
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Other Salmonella infections																								
(a) with food as a vehicle	1	1	2	1	1	—	1	2	—	—	—	—	—	2	—	1	1	—	2	1	—	—	8	9
(b) without mention of food as vehicle	14	9	16	12	3	6	4	2	4	3	4	3	2	3	4	—	6	1	3	1	—	—	60	40
Bacillary dysentery	7	10	35	24	3	10	3	—	—	1	1	1	—	1	—	1	—	4	1	3	—	—	50	55
Staphylococcal food poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Botulism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea of the newborn	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Other Bacterial Diseases																								
Diphtheria	—	3	8	3	4	1	—	2	—	—	1	1	1	—	—	—	—	—	—	—	—	—	14	10
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	1	1
Streptococcal sore throat and scarlet fever	11	5	53	32	72	64	40	78	37	31	11	12	12	18	22	38	14	20	1	4	—	—	273	302
Pertussis (Whooping cough)	—	1	3	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	4	3
Virus Diseases of Central Nervous System																								
Aseptic meningitis due to enteroviruses																								
(a) Coxsackie virus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) ECHO virus	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—
(c) Not specified	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Western equine encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Virus Diseases																								
Infectious hepatitis	1	—	3	6	19	20	20	14	32	41	43	27	16	22	11	18	16	16	3	—	—	—	164	184
Serum hepatitis	—	—	—	—	—	—	—	—	7	4	3	1	3	2	—	2	1	—	1	—	—	—	15	9
Measles	10	8	29	11	16	9	4	5	4	2	—	—	—	—	1	—	—	—	—	—	—	—	64	35
Rubella (German measles)	11	7	21	23	6	10	1	—	1	2	—	1	1	2	1	—	—	—	—	—	—	—	42	45

TABLE 3

REPORTED CASES OF VENEREAL DISEASES BY SEX AND AGE, ALBERTA, JULY - SEPTEMBER 1973

Disease	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60 +		Age not known		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Gonorrhoea																								
Genito-urinary	—	—	—	—	1	—	2	8	200	228	435	202	303	90	266	51	132	23	13	—	10	11	1362	613
Gonococcal infection of eye	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis																								
Congenital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acquired																								
(a) Early symptomatic																								
— Primary	—	—	—	—	—	—	—	—	1	—	—	—	2	—	2	—	1	—	—	—	—	—	6	—
— Secondary	—	—	—	—	—	—	—	—	—	—	1	—	2	1	—	—	1	—	—	—	—	—	5	—
— Other and unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Latent																								
— Early	—	—	—	—	—	—	—	—	—	—	3	2	1	1	1	—	2	1	—	—	—	—	7	2
— Late	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	3	6	1	1	2	—	—	9	8
— Unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Late																								
— Cardiovascular	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
— Central nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
— Other forms with symptoms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
— Other and unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Chancroid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lymphogranuloma venereum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Granuloma inguinale	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 4

REPORTED CASES OF NOTIFIABLE DISEASES (EXCLUDING VENEREAL DISEASES, TUBERCULOSIS AND RARE DISEASES) AND INCIDENCE RATES, ALBERTA, JULY - SEPTEMBER 1973, WITH AVERAGES FOR CORRESPONDING QUARTER 1968 - 1972

Disease	July - September 1973		Average for Third Quarter 1968 - 72	
	Cases	Incidence Rate per 100,000	Cases	Incidence Rate per 100,000
Intestinal Infections				
Typhoid fever	—	—	0.2	0.0
Paratyphoid fever	1	0.1	0.2	0.0
Other Salmonella infections				
(a) with food as a vehicle	16	0.9	7.4	0.5
(b) without mention of food as vehicle	100	5.9	86.6	5.4
Bacillary dysentery	105	6.2	110.4	6.9
Staphylococcal food poisoning	—	—	2.8	0.2
Botulism	—	—	—	—
Diarrhoea of the newborn	1	0.1	0.8	0.1
Other Bacterial Diseases				
Diphtheria	24	1.4	8.6	0.5
Meningococcal infections	2	0.1	2.8	0.2
Streptococcal sore throat and scarlet fever	575	34.1	275.4	17.2
Pertussis (Whooping cough)	7	0.4	31.4	2.0
Virus Diseases of Central Nervous System				
Aseptic meningitis due to enteroviruses				
(a) Coxsackie virus	—	—	—	—
(b) ECHO virus	—	—	—	—
(c) Not specified	1	0.1	2.0	0.1
Western equine encephalitis	—	—	0.4	0.0
Other Virus Diseases				
Infectious hepatitis	328	19.5	280.2	17.5
Serum hepatitis	24	1.4	5.6	0.4
Measles	99	5.9	90.2	5.6
Rubella (German measles)	87	5.2	178.2	11.2

TABLE 5

REPORTED CASES OF VENEREAL DISEASES AND INCIDENCE RATES BY SEX, ALBERTA, JULY - SEPTEMBER 1973, WITH AVERAGES FOR CORRESPONDING QUARTER 1968 - 1972

Disease	July - September 1973				Average for Third Quarter 1968 - 72			
	Cases		Incidence Rate per 100,000		Cases		Incidence Rate per 100,000	
	M	F	M	F	M	F	M	F
Gonorrhoea								
Genito-urinary	1362	613	159.0	74.0	850.0	317.8	104.7	40.5
Gonococcal infection of eye	—	—	—	—	—	—	—	—
Other	—	—	—	—	—	—	—	—
Syphilis								
Congenital	—	—	—	—	0.4	0.8	0.0	0.1
Acquired								
(a) Early symptomatic								
— Primary		—	0.7	—	4.0	0.2	0.5	0.0
— Secondary	5	—	0.6	—	1.4	2.4	0.2	0.3
— Other and unspecified	—	—	—	—	—	0.2	—	0.0
(b) Latent								
— Early	7	2	0.8	0.2	2.6	1.2	0.3	0.2
— Late	9	8	1.1	1.0	3.0	1.4	0.4	0.2
— Unspecified	—	—	—	—	2.0	2.2	0.2	0.3
(c) Late								
— Cardiovascular	—	—	—	—	—	0.2	—	0.0
— Central nervous system	—	1	—	0.1	—	—	—	—
— Other forms with symptoms	—	—	—	—	—	0.2	—	0.0
— Other and unspecified	—	1	—	0.1	—	—	—	—
Chancroid	—	—	—	—	—	—	—	—
Lymphogranuloma venereum	—	—	—	—	—	—	—	—
Granuloma inguinale	—	—	—	—	—	—	—	—

HIGHLIGHTS OF PUBLIC ASSISTANCE AND CHILD WELFARE STATISTICS

Public Assistance

Table One presents the distribution of the caseload by reason for assistance for the quarter July to September 1973, and compares the distribution to that of the previous quarter. The average caseload for the quarter was 29,594 assistance units (including both families and single person units), a slight decrease of -0.02 per cent from the previous quarter. Caseload shifts during the quarter were:

- a continued increase in the proportion of the caseload constituted by mothers with dependent children (+0.7 per cent), physical ill health (+0.5 per cent), and mental ill health (+0.3 per cent).
- corresponding decreases in the proportion of the caseload accounted for by age (-0.8 per cent), unemployed employables (-0.6 per cent), and fathers with dependent children (0.1 per cent).

Therefore, the summer quarter of July through September saw an increase in the two unemployable categories of mental and physical ill health, and a continued increase in the number of mothers with dependent children. However, it also showed a decrease in age, unemployed employables, and fathers with dependent children.

Table Two indicates the age-sex distribution of the caseload for the quarter. The proportion of the total caseload constituted by males again decreased, from 36.4 per cent in the last quarter to 35.77 per cent in this quarter. Decreases in the number of males were noticeable in the age categories of 25-29 (from 829 to 786), 40-44 (from 823 to 808), 45-49 (from 885-855), and 65+ (from 1794 to 1686). In contrast, the number of females in each of these age groups has increased.

The distribution of the caseload among the regional offices is indicated in Table Three. As in the previous quarters, the Edmonton and Calgary regional offices reported the largest caseloads for the province (37.7 per cent and 26.2 per cent, respectively). Fifteen of the 36 regional offices exhibited an increase in caseload from the previous quarter, with Brooks (10.83 per cent), Whitecourt (9.01 per cent) and Vegreville (7.24 per cent) showing the largest increases. Twenty regional offices experienced a decrease in caseload, with Hanna (-9.76 per cent), Drumheller (-4.21 per cent), and Red Deer (-3.68 per cent) having the largest relative decreases. These changes resulted in very little change in the ranking of the regional offices by their share of the provincial caseload.

Municipal Caseload Statistics

Table 4 presents municipal caseload statistics for the quarter April to June 1973. Edmonton and Calgary accounted for 91.98 per cent of the total municipal caseload; the ten cities for 96.06 per cent. These figures have increased slightly from the previous quarter (90.65 per cent and 94.72 per cent, respectively). Incomplete returns to data preclude presentation of municipal statistics for the quarter July through September in this issue of the Quarterly Statistical Review.

Child Welfare

Table 1A presents the distribution of children under care of the department, by status, for July to September, 1973. In comparison with the previous quarter, the total number of children in care (5801) has increased by 1.18 per cent from the previous quarter's total (5740). The proportion of the total number of children accounted for by temporary Child Welfare Act (C.W.A.) wards increased by 1.1 per cent, while the proportion constituted by permanent C.W.A. wards and wards placed with a view to adoption have decreased (-1.1 per cent, collectively). Permanent wards constitute 51.4 per cent of the total; temporary wards, 37.2 per cent. The remaining 11.4 per cent were either non-wards or out-of-province wards.

Table 2A indicates the distribution of children under care by type of placement. More than one-half of the children were in foster homes (57.44 per cent), 12.83 per cent have been placed with a view to adoption, 12.42 per cent were in institutions, and 8.97 per cent were living with their own parents.

The age-sex distribution of children under care, as shown in Table 3A, is biased towards the older age groups because of the inclusion of 1,480 probation cases (concentrated in the age range 12 to 18 years), who have been excluded from previous calculations in this article. Male children accounted for 61.45 per cent of the total; female children, 38.55 per cent.

TABLE 1

DISTRIBUTION OF CASELOAD BY REASON FOR ASSISTANCE FOR THE QUARTER JULY-SEPTEMBER 1973

Reason for Assistance	July	Aug.	Sept.	Quarterly Average July-Sept. 1973 #	Quarterly Average July-Sept. 1973 %	Last Quarter's Average April-June 1973 #	Last Quarter's Average April-June 1973 %	Percent Change Between Quarters
Age	6055	6023	6016	6031	20.4	6280	21.2	—0.8
Physical Ill Health	5470	5558	5719	5582	18.9	5438	18.4	0.5
Mental Ill Health	2372	2392	2450	2405	8.1	2302	7.8	0.3
Mother with Dependent Children	11391	11511	11713	11538	39.0	11339	38.3	0.7
Father with Dependent Children	214	214	227	218	0.7	235	0.8	—0.1
Unemployed Employables	2858	2983	3328	3056	10.3	3241	10.9	—0.6
Employed, Insufficient Income	741	770	782	764	2.6	765	2.6	0.0
TOTAL	29101	29451	30235	29594	100.0	29600	100.0	
Increase Rate over Previous Month	—0.75	1.2	2.66					
Increase Rate over Previous Quarter				—0.02				

TABLE 2

AGE-SEX DISTRIBUTION OF CASELOAD FOR THE QUARTER JULY-SEPTEMBER 1973

Age Group	Males #	Males %	Females #	Females %	Both Sexes #	Both Sexes %
0 - 19	450	1.52	1180	3.99	1630	5.51
20 - 24	868	2.92	2525	8.53	3393	11.47
25 - 29	786	2.66	2482	8.39	3268	11.04
30 - 34	690	2.33	2065	6.98	2755	9.31
35 - 39	721	2.44	1802	6.08	2523	8.53
40 - 44	808	2.73	1668	5.64	2476	8.37
45 - 49	855	2.89	1425	4.82	2280	7.70
50 - 54	878	2.97	1404	4.74	2282	7.71
55 - 59	1121	3.79	1466	4.95	2587	8.74
60 - 64	1723	5.82	1828	6.18	3551	12.00
65+	1686	5.70	1163	3.93	2849	9.62
TOTAL	10586	35.77	19008	64.23	29594	100.00

* Does not include guardian social allowance cases.

TABLE 3

REGIONAL DISTRIBUTION OF CASELOAD, JULY-SEPTEMBER 1973*

Regional Office	Quarterly Average		Last Quarter's Average		Percentage Rate of Increase over Last Quarter	Ranks This Quarter	Ranks Last Quarter
Edmonton North	4833	15.9	4867	16.1	— 0.70	1	1
Calgary South	4681	15.4	4612	15.2	1.50	2	2
Calgary North	3284	10.8	3261	10.8	0.71	3	3
Edmonton West	3247	10.7	3230	10.7	0.53	4	4
Edmonton South	2547	8.4	2494	8.2	2.13	5	5
Lethbridge	1491	4.9	1514	5.0	— 1.52	6	6
Grande Prairie	935	3.1	920	3.0	1.63	7	7
Edmonton West 10	825	2.7	848	2.8	— 2.71	8	8
Red Deer	812	2.7	843	2.8	— 3.68	9	9
Wetaskiwin	771	2.6	783	2.6	— 1.53	10	10
Medicine Hat	601	2.0	607	2.0	0.99	11	11
High Prairie	507	1.7	487	1.6	4.11	12	12
Barrhead	414	1.4	421	1.4	— 1.66	13	13
Lac la Biche	405	1.3	394	1.3	2.79	14	15
Vegreville	400	1.3	373	1.2	7.24	15	16
Peace River	388	1.3	396	1.3	— 2.02	16	14
Bonnyville	320	1.1	325	1.1	— 1.54	17	17
St. Paul	315	1.0	307	1.0	2.61	18	18
Edson	294	1.0	305	1.0	— 3.61	19	19
Vermilion	289	1.0	286	0.9	1.05	20	21
Slave Lake	278	0.9	288	1.0	— 3.47	21	20
Drumheller	273	0.9	285	0.9	— 4.21	22	22
Camrose	249	0.8	254	0.8	— 1.97	23	23
Smoky Lake	238	0.8	246	0.8	— 3.25	24	24
Wainwright	225	0.7	233	0.8	— 3.43	25	25
Athabasca	219	0.7	222	0.7	— 1.35	26	27
Blairmore	216	0.7	223	0.7	— 3.14	27	26
McMurray	203	0.7	210	0.7	— 3.33	28	28
Stettler	187	0.6	193	0.6	— 3.11	29	29
High Level	173	0.6	168	0.6	2.98	30	31
Rocky Mountain House	172	0.6	173	0.6	— 0.58	31	30
Olds	163	0.5	157	0.5	3.82	32	32
Brooks	133	0.4	120	0.4	10.83	33	33
Whitecourt	121	0.4	111	0.4	9.01	34	34
Hanna	74	0.2	82	0.3	— 9.76	35	35
Grande Cache	45	0.2	45	0.2	0.00	36	36
TOTAL	30328	100.0	30283	100.0			

* Includes guardian social allowance cases.

TABLE 4

MUNICIPAL PUBLIC ASSISTANCE CASELOAD APRIL-JUNE 1973

Municipality	Quarterly Average April-June 1973 #	%	Last Quarter's Average Jan.-March 1973 #	%
Cities:				
Calgary	1207	54.13	1516	54.06
Camrose	4	0.18	3	0.11
Drumheller	5	0.22	8	0.29
Edmonton	844	37.85	1026	36.59
Grande Prairie	3	0.13	2	0.07
Lethbridge	45	2.02	53	1.89
Lloydminster	0	0.00	1	0.04
Medicine Hat	14	0.63	22	0.78
Red Deer	20	0.90	25	0.89
Wetaskiwin	0	0.00	0	0.00
Total Cities	2142	96.06	2656	94.72
Towns	33	1.48	48	1.71
Villages	1	0.04	7	0.25
Counties	36	1.61	61	2.18
Municipal Districts	18	0.81	32	1.14
TOTAL	2230	100.00	2804	100.00

TABLE 1A

STATUS OF CHILDREN UNDER CARE FOR JULY-SEPTEMBER 1973

Type of Ward	July	Aug.	Sept.	Quarterly Average #	Quarterly Average %	Last Quarter's Average #	Last Quarter's Average %	Percentage Change Between Quarters
Temporary C.W.A.	1733	1769	1765	1752	30.2	1671	29.1	1.1
Permanent C.W.A.	2266	2236	2247	2250	38.8	2284	39.8	—1.0
View to Adoption	713	744	744	734	12.6	729	12.7	—0.1
Temporary J.D.A.	414	410	404	409	7.0	393	6.8	0.2
Non-Ward	445	446	494	459	8.0	477	8.3	—0.3
Out of Province	190	199	201	197	3.4	186	3.3	0.1
TOTAL	5761	5804	5855	5801	100.0	5740	100.0	
Increase Rate over Previous Month	0.70	0.75	0.87					
Increase Rate over Previous Quarter				1.18		0.33		

C.W.A. — Child Welfare Act
J.D.A. — Juvenile Delinquency Act

TABLE 2A

DISTRIBUTION OF CHILDREN UNDER CARE BY STATUS AND TYPE OF PLACEMENT FOR THE QUARTER JULY-SEPTEMBER 1973

Type of Placement	Temporary Ward (C.W.A.) #	Temporary Ward (C.W.A.) %	Permanent Ward (C.W.A.) #	Permanent Ward (C.W.A.) %	Non-Ward #	Non-Ward %	Out of Province #	Out of Province %	Temporary Ward (J.D.A.) #	Temporary Ward (J.D.A.) %	TOTAL #	TOTAL %
Free Home	19	1.08	18	0.60	2	0.43	1	0.51	4	0.98	44	0.76
Foster Home	1181	67.29	1709	57.27	257	55.75	141	71.57	47	11.49	3335	57.44
Institution — Treatment	68	3.87	89	2.98	38	8.24	2	1.02	81	19.80	278	4.79
— Correctional	—	0.00	5	0.17	—	0.00	—	0.00	3	0.73	8	0.14
— Receiving	99	5.64	84	2.82	31	6.72	2	1.02	7	1.71	223	3.84
Mental Defective in A.S.H.	15	0.85	71	2.38	13	2.82	5	2.54	5	1.22	109	1.88
Other Institution	14	0.80	72	2.41	13	2.82	3	1.52	1	0.24	103	1.77
Independent	2	0.11	25	0.84	2	0.43	4	2.03	7	1.71	40	0.69
View to Adoption	—	0.00	727	24.36	—	0.00	13	6.60	—	0.00	740	12.83
Run Away	30	1.71	34	1.14	12	2.60	2	1.02	48	11.74	126	2.17
With own Parents	263	14.99	35	1.17	60	13.03	10	5.08	153	37.41	521	8.97
Group Home	34	1.94	87	2.92	31	6.72	3	1.51	45	11.00	200	3.44
With Relatives	27	1.54	28	0.94	—	0.00	11	5.58	8	1.96	74	1.27
TOTAL	1752	100.00	2984	100.00	459	100.00	197	100.00	409	100.00	5801	100.00

A.S.H. — Alberta School Hospital
C.W.A. — Child Welfare Act
J.D.A. — Juvenile Delinquency Act

TABLE 3A

AGE-SEX DISTRIBUTION OF CHILDREN UNDER CARE FOR JULY-SEPTEMBER 1973*

Birth Year	Males #	Males %	Females #	Females %	Both Sexes #	Both Sexes %	Range Percentage	
1973	363	4.98	305	4.19	668	9.18		
1972	137	1.88	129	1.77	266	3.65		
1971	125	1.72	101	1.39	226	3.10	approx	
1970	118	1.62	100	1.37	218	2.99	0-6	28.30
1969	125	1.72	84	1.15	209	2.87	years	
1968	125	1.72	91	1.25	216	2.97		
1967	164	2.25	94	1.29	258	3.54		
1966	162	2.22	117	1.61	279	3.83		
1965	159	2.18	114	1.57	273	3.75	approx	
1964	159	2.18	90	1.24	249	3.42	7-12	24.06
1963	166	2.28	105	1.44	271	3.72	years	
1962	183	2.51	121	1.66	304	4.17		
1961	235	3.23	141	1.94	376	5.17		
1960	375	5.15	155	2.13	530	7.38		
1959	533	7.32	233	3.20	766	10.52	approx	
1958	620	8.51	286	3.93	906	12.44	13+	47.64
1957	472	6.48	294	4.04	766	10.52	years	
1956	210	2.88	197	2.71	407	5.59		
1955	45	0.62	49	0.67	94	1.29		
TOTAL	4476	61.45	2806	38.55	7282	100.00		

* **Note:** These tabulations include 1480 probation cases (concentrated in the ages 12 to 18 years).

GLOSSARY

Boarding home — a foster home in which the foster parents receive monetary compensation from the department to cover boarding expenses, clothing, etc. for the ward.

Caseload — the number of households, or units, assisted; these units consisting of one or more persons. Caseload is often used to refer to the collective heads of these units.

Congenital anomaly — a physical defect which is present at birth.

Free home — a foster home in which the foster parents have chosen to receive no monetary compensation from the department for the care of the ward.

Guardian social allowance (an extension of the social allowance program) — an allowance for basic necessities provided by the department, in the absence of the parent(s), to a person who in the opinion of the director is properly caring for the child.

Independent placement — a situation where an older teenager ward is granted independent status by the Director of Child Welfare to live on his own.

Mongoloid — description for the appearance of a child with Down's syndrome (mongolism), a chromosomal disorder characterised by slanting of the eyes, enlargement of the tongue, stunted growth and mental retardation.

Municipal caseload — a municipality is responsible for assisting an employable person who is a resident of the municipality and

(1) was a resident of the municipality during the twelve months immediately preceding his application, and

(2) did not, during any part of these twelve months, receive material aid from the province or any other municipality.

The municipality is reimbursed 90 per cent by the province for expenditures incurred.

Non-ward (now called "custody by agreement") — is a child (under the age of 18) whose parents have entered into an agreement with the Director of Child Welfare for the temporary care of the child; the parents retain guardianship rights. Situations which result in custody by agreement usually involve circumstances such as illness of the parents, or the child, which make care of the child beyond the parents' capabilities.

Permanent ward — a child (under the age of 18) whose ties with his natural parents have been completely severed and whose sole custodian and guardian is the Director of Child Welfare. Permanent wardship expires at age 18; but until that time, such children are adoptable.

Reasons for assistance — the social allowance program is available to those persons who lack the resources or income sufficient to meet their needs and those of their dependents. Eligibility for assistance is defined within the following categories; for each application, the social worker assigns a reason for assistance on the following specified rank order basis. That is, recipients are assigned to the first category of reason for assistance that applies to them, proceeding through the list of reasons in their specified order.

Age (Person 60 or over) — A person may be considered eligible for assistance under this reason if over age 60. Prior to November 1971, women between 55 and 60 years old, were also eligible for social allowance by reason of age alone.

Mother with Dependent Child(ren)/Father with Dependent Child(ren) — This reason is applicable to the single parent family where the parent actually has custody of, or is personally caring for a dependent child.

Physical Ill Health — This reason is applicable to a person with a physical disability, impairment, or disease sufficient to prevent him from rendering services for wages which are adequate to meet his needs and those of his dependents, if any, for a period exceeding 90 days.

Employed, Insufficient Income — A person who is employed, but whose earnings are not sufficient to meet his basic needs and those of his dependents, if any. The assessment of insufficient income is made on the basis of benefit rates used in the social allowance program.

Unemployed Employable — This category includes persons who are capable of taking employment, but who are unemployed at the moment. It includes persons who are

- available for part-time or full-time employment.
- unemployed and seeking employment and whose employability may be under assessment.
- temporarily unavailable for work because of educational enrollment, pregnancy, or incarceration of less than 90 days.

Guardian Social Allowance — This is an extension of the Social Allowance program designed to assist persons who are acting in the capacity of guardians and providing care to children placed in their home by parents who are unable or unwilling to provide for such care.